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Application of information unless it displays a valid OMB control number.

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD											10/809,335				
CLAIMS AS FILED - PART I (Column I) (Column 2)									SMA	SMALL ENTITY			OTHER THAN SMALL ENTITY		
FOR				R FILED		NUMBER EXT		tA	RATE		FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))		Joseph John					30 800 31 33 3 3 3 4		s_385	OR		s		
TOTAL CLAIMS (37 CFR 1.16(4))			18	3 minus	20= * (0	0)	0	OR	x \$=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			3	mini	ıs 3 = *		0	0			0	OR	x=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+	-=	0	OR	+=			
If the difference in column 1 is less then zero, enter "O" in column 2									TOT	`AL	385	OR	TOTAL	0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMA	LL E	NTITY	OR	OTHER TO		
AMENDMENT A	***	CLA REMAI AFTI AMEND	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RA	re	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent (37 CFR 1.16(b))	*	3	Minus	***	3	-	0	x	_=	0	OR	x=		
	FIRST PRES	ENDENT CLAIM (37 CFR 1.16(4))			+_	=	0	OR	+=						
<u> </u>	311)6 (Column 1)					(Column 2) (Column 3) A			TOT ADDIT. F		0	OR A	TOTAL DDIT. FEE	0	
AMENDMENT B	đ.	CLA REMA AFT AMENE	INING ER		NL PREV	GHEST JMBER VIOUSLY ID FOR	•	ESENT XTRA	RA	re \	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(e))	. 13	8	Minus		<i>"20</i>		= 🕜		X		OR OR	x \$=		
	Independent	• •	}	Minus	***	3	=	0	×_	_ = \		OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPE					ENDENT CLAIM (37 CFR 1.16(d))			<u> </u>	_=		OR	+=		
	(Column I) (Column 2) (Column 3)								ADDIT.	TAL FEE	0	OR A	TOTAL DDIT. FEE	0	
AMENDMENT C		CLA REMA AFT AMENI	INING ER		N(PREV	GHEST JMBER VIOUSLY ID FOR	•	ESENT XTRA	RA	те	ADDI- TIONAL FEE		RATE	, ADDI- TIONAL FEE	
	Total (37 CFR 1.16(e))	٠		Minus	**		==		x \$	_=		OR	x \$=		
	Independent (37 CFR 1.16(b))	*		Minus	***		=		×	_=		OR OR	x=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))								+	_=		OR	+=		
•• 1	the entry in colu the "Highest Nur the "Highest Nur	mber Previ nber Previ	ously Paid ously Paid	d For" IN THIS S For" IN THIS	S SPACE S SPACE	E is less than ? E is less than 3	0, ente , enter	"3" .	ADDIT		O		TOTAL DDIT. FEE	0	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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